Diagnostics and therapy of adrenogenital syndrome in obstetric gynecological and general therapeutic practice

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Adrenogenital syndrome (AGS) is a collective term that includes clinical symptoms associated with impaired secretion of corticosteroids due to a congenital defect in enzymes. As a result of such a violation, glucocorticoid insufficiency develops, and, as a consequence, an increase in ACTH synthesis, causing an increase in androgen levels, accompanied by adrenal hyperplasia, and inhibition of aldosterone function [1, 2].

The presence of this group of diseases is due to the lack of a number of enzymes. The most common deficiencies are 21-hydroxylase (95% of all cases of adrenal hyperplasia) and 11-hydroxylase. The location of the gene encoding 21-hydroxylase is also known, namely, in close proximity to the genes encoding HLA-B and HLA-DR, on the short arm of chromosome 6.

Insufficiency of 17-hydroxylase is quite rare, in addition, the clinical picture of this form of the disease differs from the other two forms of the disease. Therefore, this form is not considered in this article.

Data on the prevalence of ASH are rather vague, and even according to official figures, they range from 1: 5000 to 1: 67000. As will be seen from the further text of the article, it is possible that the prevalence of this disease is slightly higher.

The inheritance of the disease occurs in an autosomal recessive manner. Accordingly, in homozygotes, the disease is difficult and often incompatible with life. In heterozygotes, the disease can proceed in different ways, from completely asymptomatic, to a rather severe course requiring drug treatment, sometimes lifelong. According to the clinical course, it is customary to divide the course of AGS into a severe, salt-wasting form and a lighter, viril form.

The clinical manifestations of AHS are due to the fact that, as a result of enzyme deficiency in the body, the synthesis of corticosteroids decreases, and as a result, the recovery of their synthesis ACTH, the purpose of which is as soon as level increases. One synthesis of but pos ACTH stimulates not only ovum, but corticosteroids, but also androgen together with the normalization of the level glucocorticoids significantly increase the level of androgens, in particular, androstenedione and dehydroepiandrostenone (DHEA). Accordingly, in a state of relative rest, such patients are relatively
compensated for the level of corticosteroids. But at the same time, the level of androgens is quite high. So the only sign in this case is virilization. As a rule, in women, development is noted with the formation of a body according to the male type, with masculinization of the external genital organs. In men, growth acceleration and early puberty are noted. However, under stress, the body is in a state of corticosteroid deficiency, either relative or absolute. The body, in an effort to increase the level of corticosteroids, increases the level of

ACTH. As a result, the body usually manages to compensate for the level of corticosteroids, but at the cost of a significant increase in the level of androgens. However, such a process leads to hyperplasia of the adrenal glands, and, as a consequence, there is a threat of their depletion, accompanied by a decrease in their function, primarily in relation to the synthesis of corticosteroids. In the future, the patient may be again in a state of corticosteroid insufficiency, but this time secondary, as a result of depletion of the adrenal glands.

In the case of a salt-wasting form, the patient quickly falls into the field of vision of specialists. Due to the development of a picture of acute adrenal insufficiency, accompanied by a decrease not only in corticosteroids, but also in aldosterone, an increase in the level of renin and angiotensin in the blood. Which is accompanied by a clear violation of salt metabolism. At the same time, on the part of the genital organs, there is a clear virilization. So in this case, as a rule, there are no problems with the diagnosis of the disease.

In cases of the viril form, especially the erased forms of the disease, as experience shows, problems with diagnosis arise quite often.

As a rule, such patients are diagnosed by a gynecologist, and even then not always. Usually, the suspicion of the presence of AHS arises when the patient is asked about infertility or miscarriage. In this case, based on the examination, the gynecologist may suspect the presence of AHS and try to confirm it in the laboratory. Sometimes this diagnosis is made on the basis of laboratory screening.

One of the problems is that the severity of the clinical manifestations of AHS can be different - from pronounced to worn out. Accordingly, even a gynecologist is not always able, on the basis of an examination, to have this syndrome. There are no less problems in terms of laboratory diagnostics. The fact is that the boundaries of the refrence indicators are often very wide. Indicators of the lower and upper limits of the norm may differ several times. And according to some indicators, in particular, such as estrogens and DHEA, they reach ten times. Accordingly, the “norm corridor” becomes larger than the “pathology corridor”. A natural question arises: is it possible that the physiological state of the body will be the same even with the indicators of the level of hormones at the lower and upper limits of the norm? And does the clinical manifestation of AHS depend only on the level of hormones in the blood?

Many years of clinical experience of many gynecologists, and in particular, our honey. center, shows that the level of sex hormones in the blood does not always correlate with the clinical manifestations of diseases, in particular, AGS. So, often when the level of androgens in the blood is exceeded, often significant, the patient's signs of virilization are not very pronounced, and pregnancy occurs and proceeds completely normally. At the same time, when androgen indicators are found within the "norm corridor", the patient may have obvious virilization, accompanied by infertility, or a severe form of miscarriage. There may be forms of AHS, when, with minor external signs of masculinization of the external genital organs, patients have persistent infertility or miscarriage.

But, as the research of specialists of our center has shown, the manifestation

AGS often occurs much earlier than the patient turns to the gynecologist about fertility issues. And in men, erased forms can go undiagnosed throughout their lives, despite repeated visits to doctors and serious health problems. The thing is that, as mentioned earlier, with AGS, there is not only an increase in the level

androgens, but and insufficiency of corticosteroids. Moreover, more often compensated in conditions of relative rest, with a tendency to stress decompensation in conditions. Having a corticosteroid deficiency is known to lead to increased allergic readiness and also to increase the likelihood of autoimmune disease.

Thus, it is obvious that much earlier than a gynecologist, such patients end up with such specialists as immunologists, allergists, endocrinologists, as well as gastroenteroglogs and ordinary therapists. And they turn to about suddenly developed allergies, decreased immunity, as well as autoimmune diseases, in particular, the thyroid gland. Often, such patients are treated for pancreatitis, unfortunately, it is extremely rare to detect its autoimmune nature. Perhaps because such a task is not posed at all. It is characteristic that very often the only clinical sign of such pancreatitis, especially in young patients, is the sudden onset of "allergic reactions", which in fact turn out to be a variant of toxic-allergic reactions to inflammation, also a reaction to impaired digestion of food.

As a rule, such patients receive only symptomatic treatment depending on the manifestations of the disease. It can be antihistamines for allergic and similar diseases, hormone replacement therapy for endocrine pathology, etc. As the saying goes, deficiencies in diagnostics determine deficiencies in treatment.

One of the authors has been monitoring homeopathic treatment for a long time in a group of thousands of patients receiving homeopathic treatment for thyroid disease [3]. All these patients underwent an in-depth examination. How

electrophysiological, according to R. Voll, ART, and ultrasound. results examinations made it possible to reveal in 95% of the examined, the pathology of other organs of the endocrine system, albeit of varying severity. As mentioned earlier, the severity of the pathology ranged from insignificant, latent, to clinically pronounced. This concerns, first of all, the pathology of the pelvic organs: chronic adnexitis, endometriosis, as well as the pathology of the pancreas, accompanied by reactive pathology of the gallbladder, from dyskinesia to chronic cholecystitis. The autoimmune nature of these diseases was established on the basis of electropunctural examination methods.

On the basis of the "Family +" clinic, examinations of patients were also carried out, but who initially applied for pelvic pathology and hormonal infertility. During the last year, two hundred patients were examined. The age of the surveyed ranged from 20 to 40 years. Average age -
29.9 years old. The extended survey also yielded very interesting results. So, in fact, in 90% of cases, ASH was detected in patients. All these patients showed signs of autoimmune damage.

other organs of the endocrine system. Both the pelvic organs and the pancreas and thyroid glands. Of course, the degree of clinical manifestation of the pathology was different.

The history of the patients is noteworthy. An interesting fact is that only 7% of them were overweight. But 60% were born with weight,
less than 3 kg, which indicates about availability during pregnancy placental insufficiency.

98% of those surveyed had chronic tonsillitis, with frequent exacerbations. In the remaining 2%, chronic tonsillitis was detected on the basis of electropuncture diagnostics, as well as as a result of a banal examination. These data may indicate the involvement of the tonsillar ring in the systemic immune process, in which the chronic inflammatory process is supported by the autoimmune process, and the bacterial infection is a consequence of secondary immunodeficiency.

In addition, 60% of patients have a history of severe forms of allergic reactions, such as false croup, Quincke's edema, generalized forms of urticaria, neurodermatitis, chronic bronchitis and bronchial asthma, etc. Another 20% had a history of less severe episodic allergic reactions.

It is also important that virtually all examined patients in childhood belonged to the category of "frequently ill" children. And these are not just general words. In addition to the fact that all women suffered from frequent colds in childhood, and 98% of those examined from childhood suffered from chronic tonsillitis, and 80% were persons with increased allergic readiness, it turned out that 95% suffered from rubella, and the same amount, chickenpox.

It is characteristic that only 30% of those who applied to the Semya + clinic were initially diagnosed with some type of thyroid disease, for which they were observed or received treatment. Moreover, from childhood, puberty or post-pubertal age. In all the rest, changes in the thyroid gland were detected as a result of EPD and ART.

All of the above facts indicate that systemic damage to the immune system and the endocrine system could be diagnosed or at least suspected much earlier than women apply for a solution to fertility issues.

Thus, we can talk about the systemic pathology of the functional system (FS), defined in traditional Chinese medicine (TCM) as "three heaters", and in modern European medicine, as in R. Voll's interpretation, endocrine FS [4]. The autoimmune genesis of pathology is not surprising either, since, according to modern concepts, immunity plays one of the dominant roles in the development and control of the morphogenesis of the organism. In terms of BMT, this type of damage is defined as damage to internal energy. And in terms of modern European medicine, we are talking aboutautoimmune polyendocrine syndrome [5], that is, a systemic disease.

Of particular interest is the consideration of the pathology of pregnancy and the coagulation system. Since the development of disseminated intravascular coagulation syndrome (DIC syndrome)

represents a huge problem in modern medicine in general, and especially in the pathology of pregnancy. Such close attention to the DIC syndrome is due to the fact that the development of thrombophilia during pregnancy poses a real threat both to the health and life of the mother, due to the risk of developing blood clots and thromboembolism, and to the health and life of the fetus. This can be expressed both in the termination of pregnancy and in the development of fetal pathology, impaired development, malnutrition, up to the formation of a non-developing pregnancy, due to hypoxia. 100 pregnant women were examined. Studies have shown that in 85% of cases, disorders of the coagulation system were associated with autoimmune pathology associated with corticosteroid insufficiency due to the presence of ASH in patients. The research data are consistent with previously published research results, in which the processes of immune regulation of hemostasis in health and disease have been described [6]. However, the data obtained indicate the need for further studies of disorders of the blood coagulation system in other pathological conditions.

In addition, the autoimmune genesis of such conditions in the pathology of pregnancy as placentitis, vasculitis and capillary toxicosis, accompanied by poly- or oligohydramnios, is of interest. By
According to the research results, in 50% of cases an autoimmune state was noted as an independent etiological factor of pathology, in another 30% of cases the autoimmune state was competing, along with the presence of a viral or bacterial infection. However, as you know, an autoimmune condition may be a predisposing factor for the development of intercurrent infections due to secondary immunodeficiency. In addition, the presence of an infection can be an allergen that increases the allergic readiness of the body, especially under conditions of AGS.

From all that has been said above, it can be seen how relevant the issues of diagnostics of AHS and related conditions are. Especially considering the imperfection of laboratory methods, both biochemical and immunological, as well as the costs of both material resources and time necessary for them. In other words, we are talking about the availability and effectiveness of laboratory methods.

And in this case, the methods of electropunctural diagnostics, both according to the method of R. Voll and ART, become invaluable.

Diagnostic questions in this case consist of two parts. The first part is to identify autoimmune pathology. According to R. Voll's method, the study consists in identifying and fixing deviations on the allergy meridian, as well as deviations at the pointautoimmune states, as well as identifying the topic of the process. The latter issue is solved both by identifying deviations in the BAP of the allergy meridian, which allow us to determine the topic of the process, as well as by identifying deviations at the points of other meridians, both the CTI and other BAPs, detected on the meridians with deviations according to the CTI. Of interest is the possibility of a quantitative assessment of deviations on the BAP and meridians, which makes it possible to assess the relative significance and severity of a particular process.

Even more interesting is the use of the ART method, which allows, firstly, the presence of an autoimmune process, and using a marker

autoimmune processes as a test guide to identify the organ involved in the autoimmune process. On the other hand, in the case of identifying the affected organ and the type of pathological process, it is possible to identify an allergic or autoimmune type of lesion. In addition, the presence of a set of hormone samples in ART, it is possible to identify those hormones with respect to which there are deviations in the body. The most relevant in the context of this topic is the identification of abnormalities with respect to ACTH, as well as the actual corticosteroids and androgens, in particular, androstenedione, DHEA. In addition, it is relevant to identify the involvement of the adrenal glands in the process.

Clinical experience has shown that often the identified abnormalities in the hormonal background by the ART method do not always correlate with the data of biochemical analyzes. Much more often, or rather almost always, a direct correlation is determined with the data of a clinical examination conducted by an experienced gynecologist. The explanation for this can be, firstly, as already mentioned, very wide boundaries of reference values, and secondly, individual receptor sensitivity, which is actually not taken into account in modern clinics and which, according to the authors, in fact always determines the clinical course of AHS and the severity pathological processes.

It is important that the selector contains information samples of potentiated DNA and individual chromosomes. Identification of interest in the pathological process of the sixth chromosome can be considered, along with the identification of other described deviations, a sign of the presence of AHS. And the use of a test pointer against the background in the form of an information copy of the sixth chromosome, the DNA index, makes it possible to reveal the degree of genetic changes. In addition, the involvement of the sixth chromosome in the process can be confirmed using information copies of potentiated immunogenetic preparations from OTI, specifically, monoclonal antibodies (MA) to the loci of the sixth chromosome HLA ABC, HLA DR, HLA DQ, which are closest to the gene encoding 21-hydroxylase activity. It is not without reason that these MA in their indications for use have autoimmune conditions, as well as infertility and miscarriage. Obviously, the impact on these loci allows you to indirectly affect the gene of interest to us. Accordingly, the testing of these drugs on the topic under consideration allows, as experience shows, to judge the degree of damage to the gene in question. This can be judged, firstly, by the number of tested MAs (from one to three), and secondly, by the potency

tested drugs (the higher, the more pronounced the lesion).

An important fact is that the severity of AHS of the stressful depends on state in which a person is found is in psychological stress. And in this particular aspect, ART makes it possible define the presence and severity of psychophysical stress, their type, as well as the type of dominant emotions, thanks to the ability to test the "Bach Flowers". The latter is especially important for psychologists, who play an important role in the complex treatment and prevention of ASH.

But it is not enough to make a correct diagnosis. The relevance of the correct diagnosis is only important if the correct diagnosis contributes to the correct treatment and improves the prognosis of the disease. So the time has come

consider how the diagnostics within the described methods contribute to the optimization of treatment.

And here it is necessary to refer to the experience of our clinic's specialists, and not only gynecologists, but also psychologists. And this experience gives very interesting information.

Genetic conditioning of ASH allows tracing entire families over several generations of women with ASH. However, this is not always possible, if only because it is not always possible to observe a family in one place for several generations, conducting a detailed clinical examination. At the same time, in a number of cases it can be said that, at least clinically, AHS in this or that woman manifested itself for the first time in family history. That is, before that, no autoimmune diseases, no pathology of fertility and pregnancy were noted in the family history.

At the same time, a number of certain patterns are noted. So, according to the observations of psychologists, the severity of ASH clearly depends on the course of pregnancy, more precisely, on the psychological atmosphere in which it proceeded. For example, even if there is a family history of ASH, there are significant differences in its manifestation in a newborn child. So, if in the family the parents were initially waiting for the birth of a boy, and even after learning about the upcoming birth of a girl, they retained a psychological atmosphere, as if a boy should be born, and after birth they tried to raise the girl as a boy, then as a result, the severity of ASH was maximum, with all clinical manifestations in the form of autoimmune polyedocrine syndrome, infertility and pregnancy pathology. If a family oriented towards the birth of a boy, even expecting a boy during pregnancy, after the birth of the child, she agreed with the birth of the girl, later she raised her in accordance with gender-role characteristics, the severity of ASH was much less. In cases where parents, focused on the birth of a boy, immediately, when they become aware of the upcoming birth of a girl, and they gladly accept this fact, in the future preparing for the upbringing of a girl and realizing this readiness, ACS can occur more often latently or with minimal manifestations. And finally, in cases, even if a pronounced AHS was noted in the family history, but a girl was expected in the family, or they were indifferent to the sex of the upcoming child and gladly accepted the upcoming birth of a girl, with appropriate further upbringing, AHS may not appear at all and be identified only based on inspection, or not detected at all.

The experience accumulated in this way indicates that the human genome, in particular, the gene that determines the AGS, is very mobile. This, most likely, can be about genome variability, within the framework of the concept of non-Mendelian inheritance and the possibility of different gene expression depending on the environment. By analogy with hypertension, for which serious research has been carried out. A consequence of these studies was the conclusion that the expression of the gene encoding hypertension is formed during life and can be passed on to subsequent generations [7, 8]. The authors, on the basis of both the described experience of psychologists and the experience of treatment, both psychotherapeutic and energy-informational, believe that the same principle applies to ACS.

Thus, there are two main directions in the treatment of ASH and its manifestations.

The purpose of the first direction is to reduce stress tension at the current time. Both psycho-emotional and physical. Thus, it will be possible to reduce the body's need for "stress hormones", that is, in corticosteroids. Accordingly, having achieved a decrease in the body's need for corticosteroids, the doctor achieves a decrease in the production of ACTH, and, accordingly, a decrease in the production of androgens.

With regard to the described task, it is of great importance to identify and assess the psychoemotional load and its assessment in general, as well as to determine the type of prevailing emotions in relation to a stressful situation. This can be achieved, in particular, by testing the "Bach Flowers". In the future, the tested "Bach Flowers" can be used both as independent therapeutic preparations and as pointers for working with a psychologist, which is simply necessary in the context of ACS problems and bears real results. In addition, it is absolutely necessary to define a constitutional or constitutionally related homeopathic remedy. Such a drug, acting both at the symptomatic level and at the level of central regulation, is designed to reduce the level of stress tension, both psychoemotional and physical, as well as, if possible, compensate for manifestations at the level of symptoms. The selection of such a drug is a rather complicated matter. To do this, it is necessary to take into account both the symptoms through which the disease manifests itself, in our case, ASH, and the individual characteristics of the psychological and physical constitution. It is also necessary to take into account the patient's individual and family history. Such an analysis can be done using the system of repertoria, in particular those available in the software "IMEDIS". The appearance in the new version of the program of the "constitutional delusion test", developed by K. Mkhitaryan, take into account the individual and family history of the patient. Such an analysis can be done using the system of repertoria, in particular those available in the software "IMEDIS". The appearance in the new version of the program of the "constitutional delusion test", developed by K. Mkhitaryan, take into account the individual and family history of the patient. Such an analysis can be done using the system of repertoria, in particular those available in the software "IMEDIS". The appearance in the new version of the program of the "constitutional delusion test", developed by K. Mkhitaryan,

should greatly facilitate the task. And, of course, it remains relevant to test the drug for "constitutionality" using, for example, the Kudaev-Mkhitaryan-Khodareva (KMH) marker. Application
the constitutional remedy can be in various potencies, from low to medium and high.

The purpose of the second direction is to influence at the level of the psychophysical constitution itself, as a result of the implementation of the genetic material. The purpose of this effect in the context of the disease under consideration is to influence the variability of the gene in order to normalize its expression.

As in the first case, work with a psychologist and psychotherapist remains relevant. With the right approach, such work can bring very significant results.

Of course, the correct selection of a constitutional homeopathic remedy is almost decisive. However, in contrast to the first direction, relative to the task set in this case, it is desirable to use sufficiently high potencies, from medium to high and ultra-high.

Since the goal is to influence the level of genetic regulation, the application of MA to loci HLA ABC, HLA

DR, HLA DQ, as well as, in fact, the informational copy of the sixth chromosome and the potentiated DNA as a whole. Depending on testing, both the informational copy of the sixth chromosome and the potentiated DNA can be used both in the form of a "direct signal" and in the form of an inverted signal.

So way, the elements diagnosis become elements therapeutic system. However, it should be taken into account that both MA and elements of the chromosomal apparatus are, in fact, heteronosodes. That is, in the process of therapy, the healing process can go against Hering's law, which states that the healing process should go "... from top to bottom, from the inside out, from later symptoms to earlier ones." When using heteronosodes, the therapeutic process often goes in the opposite direction, which was noted by one of the authors earlier, in particular, with respect to the preparations of the immune formula of the company "OTI" [9]. In particular, along with the stabilization of the physical condition, mental symptoms may worsen. This fact must be taken into account, but not afraid of it, but used to increase the effectiveness of treatment. After all, it is the exacerbation of mental symptoms that can reveal hidden constitutional features, which, firstly, can allow you to choose the correct constitutional drug, and secondly, are the field of activity of a psychotherapist or psychologist. The latter point not only significantly increases the effectiveness of psychotherapy, but also allows you to reveal and work out those moments of mental burden that in another situation would not have been possible to identify.

It is also impossible to underestimate the importance within the framework of the second direction of chronosemantic therapy and diagnostics. This method becomes especially relevant if we take into account the data on both the formation of the ACS itself and its manifestations in the prenatal and early postnatal periods. Thus, the identification of mantic BAPs on the chronosemantic track, which are significant in relation to AGS in a particular patient, being a diagnostic procedure, is at the same time a preparation for a therapeutic effect. A test indicator for identifying such points can be a complex of information copies of hormones interested in AGS, the sixth chromosome. In addition, the information model of pregnancy, consisting of information copies of elements inherent in pregnancy (amnion, placenta, embryo, as well as hormones: hCG, placental hormone). This topic is discussed in more detail in a separate article. More often, the authors used a prefabricated complex of all preparations. The identified MBAT can be processed in various ways described in the relevant literature (inversion, potentiation, etc.) [10] and used in the course of therapy. As one would expect, most often interested MBATs are found in zones related to

the prenatal period and the period related to early childhood.

Of course, an interesting method is chronosemantic therapy along chiroglyph lines using a laser probe and bioresonance adaptation, in particular, to a pregnancy model. However, this method needs further study.

Regarding the symptomatic treatment of the manifestations of AHS, it should be said that, with the exception of individual, acute situations, this is not advisable.

Since individual symptoms can be considered only as separate manifestations of the underlying disease, and, therefore, their suppression does not lead to treatment in this case of ASH. In this case, the appearance of other, possibly more formidable manifestations of the disease is possible.

The exception is acute conditions during pregnancy, which threaten the life and health of both the fetus and the mother. These conditions include the development of chronic DIC syndrome, threats of miscarriage, placentitis and chorionitis, as well as, in some cases, high and low water. Of course, in these cases, the use of symptomatic therapy is justified and necessary. This can be the use of homeopathic medicines, such as snake venoms for DIC, or a new drug such as potentiated aminocaproic acid. BRT may be effective. However, the use of only symptomatic therapy in the described situation, as a rule, is ineffective or ineffective at all. Depending on the condition of the patient and his reserves, it is necessary to apply constitutional therapy according to one of the described options, or both sequentially.

The informational copies of MA for the loci of the sixth chromosome HLA ABC, HLA DR, HLA DQ, as well as other immune preparations from OTI have proven themselves especially well. This applies to both inflammatory conditions (placentitis, chorionitis, etc.) and chronic disseminated intravascular coagulation and thrombophilia. As our studies have shown, up to 85% of cases of disorders of the blood coagulation system are associated with autoimmune conditions due to AHS.

Very promising, from the point of view of the authors, is the use of the information model of pregnancy, both from the point of view of diagnosis and from the point of view of therapy. It is especially important to consider the detection of latent AGS, which can only be detected during functional tests with exercise, in particular, a pregnancy model.

In our clinic "Family +" according to the described methods, 50 women with a diagnosis of "infertility" and 40 pregnant women with various forms of pregnancy pathology were treated during the year. In particular, DIC syndrome of varying severity was identified in 30 pregnant women. Through the use of a comprehensive examination, a significant role in which the methods described in this article played, all 50 had an AHS syndrome of varying severity, complicated, respectively, by an autoimmune polyendocrine syndrome of varying severity. As a result of the treatment carried out during the year, according to the methods described in the article, pregnancy occurred in 24 cases, which is almost 50%. In cases of pregnancy pathology, a positive result was achieved in 95% of cases. And in a situation with the therapy of chronic disseminated intravascular coagulation, a positive result was obtained in 90% of cases. That is, the indicators of the blood coagulation system were brought to the indicators of the norm, thus, the need to use
allopathic antiplatelet agents and anticoagulants disappeared. The remaining 10% of cases were initially severe cases of DIC syndrome, with pronounced changes in the parameters of the blood coagulation system, and already undergoing pharmacological therapy with drugs such as thromboass, fraxiparin, etc. However, even in these cases, it was possible to stabilize the condition of the patients, having achieved an improvement in both the subjective condition and

laboratory parameters. At the same time, it was possible to reduce the dose of allopathic drugs.

Of course, the topic of diagnostics treatment of AGS requires the continuation and research. Moreover, of the arsenal of methods of modern energy information medicine, as therapeutic and diagnostic, presented by CIMS "Imedis" is constantly increasing.

The goal of the authors was once again to draw close attention to the problem of AHS not only of obstetricians-gynecologists, but doctors of other specialties. That will allow identifying this pathology as early as possible and, accordingly, treating it more effectively. Moreover, today, thanks to theoretical and practical developments, in particular, the IMEDIS Center, the possibilities for this become, if not limitless, then very wide. The main thing is to apply them correctly and on time. As the ancients said, "he who diagnoses well, heals well."

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